

**COMPREHENSIVE SERVICES ACT FOR AT RISK  
YOUTH AND FAMILIES  
LOCALITY DATA/INFORMATION FORM**

***THIS FORM MUST BE COMPLETED BY EACH LOCALITY***

**LOCALITY:** -----

**FISCAL AGENT FOR COMMUNITY POLICY AND MANAGEMENT TEAM:**

**NAME**----- **FAX#**-----  
**ADDRESS**----- **TEL.#**-----

**CONTACT PERSON** (*Name of person that prepares the CSA Pool Reimbursement Request*):

**NAME**-----  
**TITLE**----- **FAX#**-----  
**ADDRESS**----- **TEL.#**-----

**Mailing address to receive CSA reports:** (These reports are mailed from Phyllis Ross and include the detailed Allocation Status; Payment Transaction Summary; Payments YTD; and a copy of the Poll Reimbursement Request(s):

**CONTACT NAME**-----  
**TITLE**----- **FAX#**-----  
**ADDRESS**----- **TEL.#**-----

**Information Required To Transfer Funds To Localities:**

**NAME**-----  
**Title**----- **TITLE**----- **FAX#**-----  
**ADDRESS**----- **TEL.#**-----

**Employer's Identification Number** (The EIN number is used to transfer funds to the locality): **FIN** -----

**Phyllis Ross  
Department of Education  
Post Office Box 2120  
Richmond, Virginia 23218-2120  
FAX: 804 225-2045**